|  | 7 MON 10120 AM   | r Mill  | TP 1  | EAV NO OOLO   | 240125   | n 00   |
|--|--|---|---|---|--|--|
|  |  | ExxonMobil-La PART  |   | FAX NO. 2818  |  | P. 02  |
| Complete and   | end this form, togo  | ther with applicab  | B - FEE(S) TRANS<br>Die fee(s), to: <u>Mail</u> M<br>Co   | all Ston ISSUE 1  | er.  |  |
| DEC 17 7007  |  |   | P.  | ommissioner for<br>O. Box 1450<br>exandria, Virgin  |  | (  |
| VEO C  | /  |   | or Fax (5)  | 71)-273-2885  |  |  |
| maintenance for notific  | s form should be used<br>r correspondence includ-<br>ted below or directed o<br>ations.  | for transmitting the IS<br>ing the Patent, advance<br>therwise in Block 1, by   | SUE FEB and PUBLICAT<br>orders and notification of<br>(a) specifying a new corre  | TON FEE (if require maintenance fees will spondence address; a  | cd). Blocks ! through 5<br>il be mailed to the curror<br>and/or (b) indicating a se  | should be completed<br>at correspondence add<br>parate "FEE ADDRES   |
| CURKENT CORRESPON  | DENCE ADDRESS (Note: Use )   | Block ) for any change of address   | No.   | to: A curtificate of m  | miling can only be used  | for domestic mailings  |
| 23455  | 7590 11/1  | 5/2007  | pap<br>hav  | ers. Each additional per its own certificate o  | uling can only be used<br>certificate cannot be used<br>paper, such as an assigna<br>f mailing of transmission.  | ent or formul drawing  |
| EXXONMOB   | IL CHEMICAL O  |   |   | Canti   |  |  |
| 5200 BAYWAY<br>P.O. BOX 2149   | Y DRIVE  |   | Stat<br>add   | tes Postal Service with<br>ressed to the Mail S   | Fee(s) Transmittal is being sufficient postago for fistor ISSUE FEE address (571) 273-2885, on the   | ng deposited with the  |
| BAYTOWN, T   | X 77522-2149   |   | ran   | ismitted to the USPTO   | (571) 273-2885, on the   | date indicated below.  |
| /2007 TNGUYEN3 000   | 00061 051712 106   | 35382   |   | unda L  | Thompson   | (Depositor   |
| :1501 1440.0   |  |   | <u>Γ</u> .  | Anda C  | /  | (Sig   |
| 1504 300.0<br>800 APPLICATION NO.0   |  |   | FIRST NAMED INVENTOR  | Acem  |  | 707  |
| 10/635,382   | 08/06/2003   |   | Donald Sheley Tracey  | ^^  | Trorney Docket No.   | CONFIRMATION   |
|  | <u>.</u>   |   | •   |   |  |  |
| APPLN, TYPE  | SMALL ENTITY   | ISSUE FRE DUE   | PUBLICATION FEE DUE   | PREV. PAID ISSUE F  | EF TOTAL FEE(S) DUE  | DATE DUE   |
| nonprovisional   | NO   | \$1440  | \$300   | PREV. PAID ISSUE FI   | EE TOTAL FEE(S) DUE  | DATE DUE<br>02/15/2008   |
| nonprovisional<br>EXAM   | NO<br>INER   | \$1440<br>ART UNIT  | \$300<br>CLASS-SUBCLASS   |   |  |  |
| nonprovisional  EXAM  KNABLE, Gi   | NO<br>INER<br>EOFFREY L  | \$1440<br>ART UNIT<br>1791  | \$300<br>CLASS-SUBCLASS<br>152-511000   | \$0   |  |  |
| nonprovisional  EXAM  KNABLE, Gi  Chunge of corresponde  CFR 1.363).   | NO INER EOFFREY L once address or indication   | \$1440 ART UNIT 1791 n of "Fee Address" (37   | \$300  CLASS-SUBCLASS  152-511000  2. For printing on the pa  (1) the turnes of up to or agents OR, alternative   | \$0  atent front page, list 3 registered patent at  | \$1740   | 02/15/2008   |
| nonprovisional  EXAM  KNABLE, Gi  Change of corresponde  CFR 1.363).  Change of corresponde  Address form PTO/SE   | NO<br>INER<br>EOFFREY L  | \$1440 ART UNIT 1791 n of "Fee Address" (37 nge of Correspondence   | \$300  CLASS-SUBCLASS  152-511000  2. For printing on the pa  (1) the turnes of up to or agents OR, alternative   | \$0  atent front page, list 3 registered patent at  | \$1740   | 02/15/2008   |
| nonprovisional  EXAM  KNABLE, Gi  Change of corresponde  CFR 1.363).  Change of corresponde  Address form PTO/SE  "Fee Address" indi  PTO/SB/47: Rev 03-0  Number is required.   | NO INER EOFFREY L once address or indication ondence address (or Chai 1/122) uttached. cation (or "Fee Address" 2 or more recent) attache ND RESIDENCE DATA  | \$1440  ART UNIT  1791  n of "Fee Address" (37  age of Correspondence  Indication form ed. Use of a Customer  | \$300  CLASS-SUBCLASS  152-511000  2. For printing on the part of the names of up to or agents OR, alternative (2) the name of a single registered strong or ag 2 registered patent attorn listed, no name will be part of the  | \$0  atent front page, list 3 registered patent at ely, firm (having as a megent) and the names concepts or agents. If no parieted.   | \$1740  torneys 1 K 1 ac  torneys 2 Leanle of up to name is 3  | obing Feng   |
| nonprovisional  EXAM  KNABLE, Gi  Change of corresponde  CFR 1.363).  Change of corresponde  Address form PTO/SE  "Fee Address" indi  PTO/SB/47: Rev 03-0  Number is required.  ASSIGNEE NAME AN  PLEASE NOTE: Unic  | NO INER EOFFREY L once address or indication ondence address (or Chai 1/122) uttached. cation (or "Fee Address" 2 or more recent) attache ND RESIDENCE DATA  | \$1440  ART UNIT  1791  n of "Fee Address" (37  age of Correspondence  Indication form ed. Use of a Customer  | \$300  CLASS-SUBCLASS  152-511000  2. For printing on the part of the names of up to or agents OR, alternative (2) the name of a single registered strong or ag 2 registered patent attorn listed, no name will be part of the  | \$0  atent front page, list 3 registered patent at ely, firm (having as a megent) and the names concepts or agents. If no parieted.   | \$1740  torneys 1 K 1 ac  torneys 2 Leanle of up to name is 3  | obing Feng   |
| nonprovisional  EXAM  KNABLE, Gi  1. Change of corresponde  CFR 1.363).  Change of corresponde  Address form PTO/SE  "Fee Address" indi PTO/SB/47: Rev 03-0  Number is required.   | NO INER EOFFREY L once address or indication ondence address (or Chai 1/122) uttached. cation (or "Fee Address" 2 or more recent) attache ND RESIDENCE DATA  | \$1440  ART UNIT  1791  n of "Fee Address" (37  age of Correspondence  Indication form ed. Use of a Customer  | \$300  CLASS-SUBCLASS  152-511000  2. For printing on the part (1) the turnes of up to or agents OR, alternative (2) the name of a single registered attorney or agents of a tregistered patent attorney in the part (2) the name will be part (3) the part ( | \$0  atent front page, list 3 registered patent at ely, 2 firm (having as a me gent) and the names of neys or agents. If no r printed.  b)  cent. If an assignce is ssignment.  | storneys 1 <u>Krad</u> minber a 2 <u>Learner</u> of up to name is 3  | obing Feng   |
| nonprovisional  EXAM  KNABLE, Gi  Change of corresponde  CFR 1.363).  Change of corresponde  The Address form PTO/SE  "Fee Address" indi  PTO/SB/47: Rev 03-0  Number is required.  ASSIGNEE NAME AN  PLEASE NOTE: Unic recordation us set forth  (A) NAME OF ASSIG  | NO INER EOFFREY L once address or indication ondence address (or Chan 1/122) uttached. cation (or "Fee Address" 2 or more recent) attache ND RESIDENCE DATA cas an assignee is identi i in 37 CFR 3.11. Compl INEE   | \$1440  ART UNIT  1791  n of "Fee Address" (37  nge of Correspondence  Indication form ed. Use of a Customer  TO BE PRINTED ON 1  fied below, no assignce letion of this form is NO   | \$300  CLASS-SUBCLASS  152-511000  2. For printing on the part of the formation of up to or agents OR, alternative (2) the name of a single registered atterney or at 2 registered patent attent listed, no name will be part of the part o | \$0  atent front page, list 3 registered patent at elem (having as a me gent) and the names concess or agents. If no re- rented.  c)  tent. If an assignce it ssignment, and STATE OR COU   | \$1740  torneys 1  | 02/15/2008  Ding Feng  O Oreched  Document has been file   |
| nonprovisional  EXAM  KNABLE, Gi  Change of corresponde  CFR 1.363).  Change of corresponde  GFR 1.363).  "Fee Addross" indi  PTO/SE/47: Rev 03-0  Number is required.  ASSIGNEE NAME AN  PLEASE NOTE: Unic recordation us set forth  (A) NAME OF ASSIG  | NO INER EOFFREY L once address or indication ondence address (or Chai 1/122) uttached. cation (or "Fee Address" 2 or more recent) attache ND RESIDENCE DATA cas an assignee is identi i in 37 CFR 3.11. Compl INEE  Chemical Paten alte ussignee calegory or of                          | \$1440  ART UNIT  1791  To of "Fee Address" (37  Inge of Correspondence  Indication form ed. Use of a Customer  TO BE PRINTED ON The Customer is NO  fied below, no assignce lection of this form is NO  ats Inc.  cutegories (will not be printed on the printed of the printed on t | \$300  CLASS-SUBCLASS  152-511000  2. For printing on the part of the turnes of up to or agents OR, alternative (2) the name of a single registered atterney or a 2 registered patent attentisted, no name will be part of the PATENT (print or type data will appear on the part T a substitute for filing an ast (B) RESIDENCE: (CITY and the part of | \$0  attent front page, list 3 registered patent at ely, firm (having as a me gent) and the names of neys or agents. If no re- rinted.  c) tent. If an assignee is ssignment, and STATE OR COU  (USA)   | storneys 1 <u>Klad</u> torneys 1 <u>Klad</u> minber a 2 <u>Lead</u> of up to name is 3  a identified below, the de  NTRY)  ration or other private gro | 02/15/2008  Shing Feng  Co Areched  Document has been file   |
| nonprovisional  EXAM  KNABLE, Gi  Change of corresponde  CFR 1.363).  Change of corresponde  CFR 1.363).  "Fee Address" indi  PTO/SB47: Rev 03-0  Number is required.  ASSIGNEE NAME AN  PLEASE NOTE: Unit recordation us set forth  (A) NAME OF ASSIG  EXXONMObil  Case check the appropria   | NO  INER  EOFFREY L  once address or indication  ondence address (or Char  1/122) uttached.  cation (or "Fee Address" 2 or more recent) attache  ND RESIDENCE DATA  case an assignee is identify in 37 CFR 3.11. Compliance  Chemical Paten  are assignee category or or  tre submitted: | \$1440  ART UNIT  1791  n of "Fee Address" (37  nge of Correspondence  Indication form ed. Use of a Customer  TO BE PRINTED ON The Customer is NOT the Second of the Second | \$300  CLASS-SUBCLASS  152-511000  2. For printing on the part of the formation of up to or agents OR, alternative (2) the name of a single registered atterney or at 2 registered patent attent listed, no name will be part of the part o | \$0  attent front page, list 3 registered patent at ely, firm (having as a me gent) and the names of neys or agents. If no re- rinted.  c) tent. If an assignee is ssignment, and STATE OR COU  (USA)   | storneys 1 <u>Klad</u> torneys 1 <u>Klad</u> minber a 2 <u>Lead</u> of up to name is 3  a identified below, the de  NTRY)  ration or other private gro | 02/15/2008  Shing Feng  Co Areched  Document has been file   |
| nonprovisional  EXAM  KNABLE, Gi  Change of corresponde  CFR 1.363).  Change of corresponde  CFR 1.363).  Change of corresponde  Toology of corresponde  Toology of corresponde  The Address form PTO/SE  The Address indi  PTO/SE/47: Rev 03-0  Number is required.  ASSIGNEE NAME AN  PLEASE NOTE: Unite recordation as set forth  (A) NAME OF ASSIG  EXXONMobil  Lease check the approprise  The following fee(s) as  V Issue Fee  Publication Fee (Note Advance Order - #  | NO INER EOFFREY L once address or indication ondence address (or Char 1/122) uttached. cation (or "Fee Address" 2 or more recent) attache in 37 CFR 3.11. Complete Chemical Paten attended ussignee category or of the submitted:  | \$1440  ART UNIT  1791  To of "Fee Address" (37  Inge of Correspondence  Indication form ed. Use of a Customer  TO BE PRINTED ON To fied below, no assignce letion of this form is NO  ts Inc.  cutegories (will not be printed)  | \$300  CLASS-SUBCLASS  152-511000  2. For printing on the part of the numes of up to or agents OR, alternative (2) the name of a single registered atterney or at 2 registered patent attern listed, no name will be part of the part of th | \$0  atent front page, list 3 registered patent at elegistered patent at elegistered | storacys 1   | o2/15/2008  Obing Feng  Ocument has been file  up entity Government hown above)  |
| nonprovisional  EXAM  KNABLE, Gi  Change of corresponde  CFR 1.363).  Change of corresponde  CFR 1.363).  Change of corresponde  The condition of the process of the proces | NO INER EOFFREY L once address or indication ondence address (or Char 1/122) uttached. cation (or "Fee Address" 2 or more recent) attache in 37 CFR 3.11. Complete Chemical Paten attended ussignee category or of the submitted:  | \$1440  ART UNIT  1791  n of "Fee Address" (37  nge of Correspondence  Indication form ed. Use of a Customer  TO BE PRINTED ON 1  fied below, no assignce lettion of this form is NO  ts Inc.  substituted (will not be printed)  | \$300  CLASS-SUBCLASS  152-511000  2. For printing on the part of the names of up to or agents OR, alternative (2) the name of a single registered atterney or at 2 registered patent attentisted, no name will be part of the PATENT (print or type data will appear on the part T a substitute for filing an as (B) RESIDENCE: (CITY at the part of t | \$0  atent front page, list 3 registered patent at ely, 5 firm (having as a me gent) and the names of noys or agents. If no r minted.  b)  cent. If an assignee it ssignment, and STATE OR COU  (USA)  rdividual Corpor  e first reapply any pu  Form PTO-2038 is a uthorized to charge the t Account Number 2  | storneys 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   | o2/15/2008  Ching Feng Co Creckeds  Document has been filed  up entity Government hown above)  iciency, or credit any extra copy of this for |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradonark Office, U.S. Department of Commerce, P.O. Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Indee the Parameter of Patents of

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Authorized Signature

Typed or printed name

| Invention: Inner Tube Compositions Having Improved Heat Resistance Characteristics  I hereby certify that this  Fee(s) Transmittal (2 pages, including cover page)  (Identify type of correspondence)  is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. (571) 273-2885 | CERTS ICATE OF T           | TRANSMISSION BY FAC             | SIMILE (37 CFR 1.8)                  | Docket No.<br>1999B062A               |
|---|----------------------------|---------------------------------|--------------------------------------|---------------------------------------|
| I hereby certify that this    Fee(s) Transmittal (2 pages, including cover page) (Identify type of correspondence)  | Application No.            | Filing Date                     | Examiner                             | Group Art Uni                         |
| I hereby certify that this     Fee(s) Transmittal (2 pages, including cover page)   (Identify type of correspondence)   | 10/635,382                 | August 6, 2003                  | Geoffrey L. Knable                   | · ·                                   |
| (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. (571) 273-2885  December 17, 2007  (Date)  Linda L. Thompson  (Typed or Printed Name of Person Signing Certificate)  (Signature)  | nvention. muci range -     | ompositions traving suppoved to | cat Resistance Characteristics       |                                       |
| (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. (571) 273-2885  December 17, 2007  (Date)  Linda L. Thompson  (Typed or Printed Name of Person Signing Certificate)  (Signature)  |                            |                                 |                                      | · · · · · · · · · · · · · · · · · · · |
| (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. (571) 273-2885  On December 17, 2007  (Date)  Linda L. Thompson  (Typed or Printed Name of Person Signing Certificate)  (Signapure)   | I hereby certify that this | Fee(s) Tra                      | nsmittal (2 pages, including cover p | 1956)                                 |
| (Date)  Linda L. Thompson  (Typed or Printed Name of Person Signing Certificate)  Signature)  (Signature)   | •                          |                                 | (Identify type of correspondence)    |                                       |
| Linda L. Thompson  (Typed or Printed Name of Person Signing Certificate)  Signature)  (Signature)   |                            | •                               | t and Trademark Office (Fax. No.     | (571) 273-2885                        |
| Linda L. Thompson  (Typed or Printed Name of Person Signing Certificate)  Sinda Morphon  (Signature)  |                            | , 2007                          |                                      |                                       |
| (Typed or Printed Name of Person Signing Certificate)  Signature)  (Signature)  | gar en-y                   |                                 |                                      |                                       |
| (Typed or Printed Name of Person Signing Certificate)  Signature)  (Signature)  |                            |                                 |                                      |                                       |
| (Typed or Printed Name of Person Signing Certificate)  Signature)  (Signature)  |                            | NA companies                    |                                      |                                       |
| (Signature)   |                            |                                 |                                      |                                       |
| (Signature)   |                            |                                 |                                      |                                       |
| (Signature)   |                            |                                 | Rindo X                              | Th                                    |
| Note: Each paper must have its own curtificate of mailing.  | -                          | <del></del> _                   | (Signature)                          | -cochen                               |
| Nute: Each paper must have its own curtificate of mailing.  |                            | ,                               |                                      |                                       |
| Note: Each paper must have its own cortificate of mailing,  |                            |                                 |                                      |                                       |
| Nute: Each paper must have its own curtificate of mailing.  |                            |                                 |                                      |                                       |
| Tibes. Emen paper must nave as over columnate of manning.   |                            | Note: Each nance must hav       | - 24tifinate of mailing              |                                       |
|   |                            | nom: were bullet mass ter.      | e its own coluincate of months.      |                                       |
|   |                            |                                 |                                      |                                       |
|   |                            |                                 |                                      |                                       |
|   |                            |                                 | •                                    |                                       |
|   |                            |                                 |                                      |                                       |
|   |                            |                                 |                                      | •                                     |
|   |                            |                                 |                                      |                                       |
| ·   |                            |                                 |                                      |                                       |
| ·   |                            |                                 |                                      | •                                     |
| •   |                            |                                 |                                      |                                       |